

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	A METHOD AND A SYSTEM FOR UNAUTHORIZED VEHICLE CONTROL
Attorney Docket Number::	KOGAN5
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	6
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	ISRAEL/UNITED STATES
Status::	Full Capacity
Given Name::	Noam

Middle Name::
Family Name:: KOGAN
Name Suffix::
City of Residence:: Raanana
State or Province of Residence::
Country of Residence:: ISRAEL
Street of Mailing Address:: 9 Menachem Begin St.
City of Mailing Address:: Raanana
State or Province of Mailing Address::
Country of Mailing Address:: ISRAEL
Postal or Zip Code of Mailing Address:: 43722
Applicant Authority Type:: Inventor
Primary Citizenship Country:: ISRAEL
Status:: Full Capacity
Given Name:: Edan

Middle Name::
Family Name:: Almog
Name Suffix::
City of Residence:: Herzilya
State or Province of Residence::
Country of Residence:: ISRAEL
Street of Mailing Address:: 18 Shlomzion Hamalka St.
City of Mailing Address:: Herzilya
State or Province of Mailing Address::
Country of Mailing Address:: ISRAEL
Postal or Zip Code of Mailing Address:: 46662

Correspondence Information

Correspondence Customer Number:: 001444

Representative Information

Representative Customer Number:: 001444

Domestic Priority Information

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
ISRAEL	154091	01/23/03	Yes

Assignment Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::